

APPLICATION

NAME: _____

PARENT OR GUARDIAN NAME: _____

ADDRESS: _____

EMAIL: _____ PHONE NUMBER: _____

WHAT COLLEGE OR TRADE SCHOOL DO YOU PLAN TO ATTEND?

WHAT SKILL OR TALENT DO YOU HAVE THAT WILL HELP YOU IN THE FUTURE?

WHAT IS YOUR GPA? _____

DO YOU PARTICIPATE IN ANY ACTIVITIES AT SCHOOL? (SPECIFY) _____

HAVE YOU RECEIVED ANY OTHER SCHOLARSHIPS? _____

If awarded this scholarship, do you agree to furnish documents that prove you have been accepted at and enrolled in classes at a college or trade school? YES NO

YOUR SIGNATURE _____

PARENT OR GUARDIAN SIGNATURE _____

MAIL BY APRIL 30TH TO:

Mari Warner

110 West 6th St.

Paxton, Ne 69155